

AP/3723

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

#10/Ext. of Time
(3mo)

Applicant: Gwo Shin Swei
Serial No.: 09/810,641 ✓ Group: 3723
Filed: March 16, 2001 Examiner: R.A. Rose
Confirmation No.: 7390
For: PERFORATED SANDING DISC

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SEP 29 2003

TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
Sept. 22, 2003	<i>Diane K. Matson</i>
Date	Signature
DIANE K. MATSON	
Typed or printed name of person signing certificate	

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09/26/2003 BABRAHA1 00000103 09810641

01 FC:1401 320.00 OP
02 FC:1253 930.00 OP

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 20, 2003 of the Primary Examiner finally rejecting claims 1-7. The item checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 20, 2003 for 3 months from June 20, 2003 to September 20, 2003.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 3 months		\$ 930.00
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320.00
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ <u>1250.00</u>

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1250.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Robert T. Conway
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Date: September 22, 2003
Concord, Massachusetts 01742-9133